1: Nadel E-5 (1934-1936) 1942
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164 Sleeping sickness is the great scourge of the country. A Sleeping Sickness Commission which visited Nupe in 1936 found 70 per cent. of the people infected—the highest figure in the whole of Nigeria. Bilharzia and other worm diseases are no less widespread. The prominence of venereal diseases is characteristic of Nupe as it is of the whole of Nigeria and indeed of the whole of semi-civilized Africa. Dysentery, malaria, and yaws complete the unhappy picture. It is worth noting, [146] however, that typical deficiency diseases, including boils and ulcers, are comparatively rare. A statistical table, compiled from the attendance figures of the N.A. Hospital and Dispensaries in Bida Division, may illustrate the distribution of the more important diseases occurring in Nupe.

TABLE II

The figures for Bida Hospital refer to in-patients treated during April, July, October 1935 and January 1936. The figures for the Dispensary of Lemu give the attendance in January 1936. For another dispensary (Kutigi) only the order of frequency of the various diseases could be ascertained; it is indicated in the third line by roman numerals.

| | Dysentery | Malaria | Ulcers, sores, &c. | Bronchitis, pneumonia | Dysentery, diarrhœa | Eye-diseases | Rheumatic diseases | Leprosy | Bilharzia, worm diseases | Pertussis |
|---|---|---|---|---|---|---|---|---|---|---|
| Bida Hospital | 35 | 14 | 15 | 13 | 9 | 3 | 3 | 2 | 80 per cent. of all cases | 128 |
| Dispensary Lemu | 91 | 18 | 3 | 34 | 2 | 2 | 68 | 4 | ? | 106 |
| Dispensary Kutigi | II | IV | III | VI | ? | V | I | 10 cases | ? | ? |

The description of health conditions has a more special bearing on the anthropology of the Nupe people. First, it is of a certain significance in connexion with certain cultural elaborations of the theme of disease among the Nupe;[1] second, it involves relevant questions of mortality and population movement—a subject to which we shall turn presently. Finally, with respect to mental disorders: psychology and sociology have long realized that certain tensions and maladjustments in the social system tend to manifest themselves in the sphere of psycho-pathology. We shall see that this correlation is true also of Nupe society.

## POPULATION MOVEMENT

121 It is unnecessary to stress the importance of population studies for the understanding of a society and the nature and working of its institutions. But it may be necessary to justify the inclusion of a discussion on population movement in a chapter on environment. A first justification lies in the fact that, in a study of social organization, environment and popula-

[1] Most instances of this kind, however, I must leave for future publications. To one typical instance, the part which leprosy plays in the mythology and ritual of the *gunu* cult, I have referred in the description of this cult in '*Gunu*, A Fertility Cult of the Nupe in Northern Nigeria', in *J.R.A.I.* lxvii, 1937, pp. 91–130.

1: Nadel E-5 (1934-1936) 1942
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In the course of our investigation my wife and I attempted to ascertain further statistical data which could throw light on these points. They were obtained by the method of house-to-house investigation in three selected localities, in the villages Kutigi and Jebba Island, and in one town ward of Bida. The scale of this statistical research, carried out single-handed, was of necessity very limited. Nevertheless, certain significant facts could be ascertained (Tables IV and V).

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TABLE IV

| | *Mothers (age group 30–40)* | *Total children born* | *Children alive* | *Children dead* | *Births per mother* | *Live children per mother* |
|---|---|---|---|---|---|---|
| Villages | 101 | 206 | 108 | 98 | 2 | 1·06 |
| Town | 144 | 230 | 126 | 104 | 1·5 | 0·8 |

TABLE V

| | | *Children died at age of* | | | | | |
|---|---|---|---|---|---|---|---|
| | *Mothers* | *Birth* | *1–2* | *3–5* | *6–8* | *9–15* | *Total* |
| Villages | 101 | 29 | 25 | 27 | 8 | 9 | 98 |
| Town | 43 | 21 | 15 | 27 | 7 | 4 | 74 |

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Table V shows, first, the distribution of infant mortality over different age groups. Infant mortality in the villages seems, on the whole, considerably lower than in the town, remarkably so at, or shortly after, birth and in the first five years of the infant's life. This seems in the main due to the spread of venereal infection in the town, and also to the effects of abortion and artificial birth restriction which, as we shall see presently, is practised in Bida. The highest mortality, both in urban and rural districts, occurs at the age of 3–5. This peak of mortality seems due primarily to malaria, which is especially fatal at this age.[1]

Table IV (examining a larger group from the urban area) attempts to establish a comparative birth-rate for urban and rural areas. For the low fertility-rate of the Nupe women in general two physiological explanations suggest themselves: first, reduced fertility may be the result of certain endemic or widespread diseases, such as sleeping sickness and gonorrhoea; or second, it may be the result of prenatal deficiency of vitamin E (a vitamin contained, for example, in palm-oil). The effectiveness of these two physiological factors cannot be denied.[2] However, the striking difference in the birth-rate of town and villages demands a different interpretation. The distribution of venereal diseases, definitely higher in the town than in the rural area, would fit into the picture. But of sleeping sickness rather the opposite is true; and the vitamin deficiency

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[[146]]
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[1] For this information, as for the other medical information in this chapter, I am indebted to Dr. M. Ellis, of the Nigerian Medical Service, who at the time was in charge of Bida N.A. Hospital.

[2] A study of diet among the Nupe has shown that the women's share of the daily meals (i.e. the meals cooked with palm-oil) is only about one-fourth of the men's share.